Complete if Known

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004,					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/666,548-Conf. #5550						
				Filing Date S			September 22, 2003			
				First Named Inventor E			Eikichi Suda			
For FY 2008				Examiner Name			K. E. Toth			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3			3735			
TOTAL AMOUNT OF PAYMENT (\$) 0.00				Attorney Docket No. 383			38323-19327	6		
METHOD OF PAYM	ENT (check all th	at apply)								
Check Credit Card Money Order None Other (please identify)							y):			
X Deposit Account	Deposit Account Number	r:22-0:	261		Deposit	Account Name	ı Ve	enable LLP		
For the above-id	entified deposit a	ccount, the Dire	ector is	hereby au	ıthorize	ed to: (chec	k all that apply)	•	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION						·····				
1. BASIC FILING, SEAR	CH, AND EXAM	NATION FEES	3							
FILING FEES SEARCH FEES EXAMIN Small Entity Small Entity							IATION FEES	3		
Application Type	Fee (\$)		Fee (\$)			Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	310	155	510	25	55	210	105			
Design	210	105	100	5	0	130	65			
Plant	210	105	310	15	5	160	80			
Reissue	310	155	510	25	5	620	310			
Provisional	210 .	105	0		0	0	0			
2. EXCESS CLAIM FEE	S							:	Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25		
Each independent claim over 3 (including Reissues)								210	105	
Multiple dependent claims								370	185	
				aid (\$) Multiple Depe						
- 20 = HP = highest number of total	ctaims paid for, if gre	= ater than 20.			-	Fe	<u>e (\$)</u>	Fee Paid (\$	1	
				aid (\$)		-		-	_	
-3=	x	=		(*)	_					
HP = highest number of inde	pendent claims paid t	or, if greater than	3.		_					
3. APPLICATION SIZE I If the specification and listings under 37 CF	drawings exceed								,	
sheets or fraction th						or billair Cr	inty , for outline	additional 50	•	
Total Sheets	Extra Sheets					tion thereof		Fee F	Paid (\$)	
		50 =		(round up t	to a who	le number)	×	=		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									Paid (\$)	
Other (e.g., late filing		(110 SINBII CIIIII	y usec	uiii)						
SUBMITTED BY									-	
Signature	all mi	The first	T	Registration		33,074	Telephone	(202) 344	1-4000	
Name (Print/Type) Catherine M. Voorhees (Attorney/Agent)					ent)			November		
··ODMANDCDOCCADCOD							Date	November	13, 2007	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Eikichi SUDA

Appln. No. 10/666,548

Confirmation No. 5550

Filed: September 22, 2003

For: ELECTRONIC DEVICE FOR HEALTH

INDEX MEASUREMENT AND

CONTROL METHOD OF THE SAME

Art Unit: 3735

Examiner: Karen E. Toth

Atty. Docket No. 38323-193276

Customer No. 26694
PATENT TRADEMARK OFFICE

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Communication mailed August 10, 2007 (November 10, 2007 being a Saturday and November 12, 2007 being a Federal holiday), please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.